



TRANSMITTAL FORM

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	Application Serial Number	10/642,509
	Filing Date	August 18, 2003
	First Named Inventor	Sellers
	Group Art Unit	3753
	Examiner Name	Teresa J. Walberg
	Attorney Docket No.	ASX-064
	Patent No.	Not applicable
Issue Date	Not applicable	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/>
<input checked="" type="checkbox"/> Response to Non-Complaint Amendment with Amendment and Response to Office Action (14 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>]		
<input checked="" type="checkbox"/> Information Disclosure Statement (1 pg.) <input checked="" type="checkbox"/> Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Copy of references B1-B2, C1		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 28th day of April, 2005.

Jamie Crystal-Lowry
Jamie Crystal-Lowry

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place 22 nd Floor Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted, <p><i>Deborah M. Vernon</i> Deborah M. Vernon Agent for the Applicant(s) Proskauer Rose LLP One International Place 22nd Floor Boston, MA 02110-2600</p>

FEE TRANSMITTAL
FY 2005



Complete if Known	
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METHOD OF PAYMENT

Payment Enclosed:
 Check Money Order Other

The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.

Applicant claims small entity status.

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100
Total Claims	Extra Claims	Fee Paid (\$)

- 20 or HP= X \$50 =

HP = highest number of total claim paid for, if great than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
- 3 or HP= <input type="text"/>	X \$200 =	

HP = highest number of total claim paid for, if great than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL:

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100 =	/50 =	round up to a whole number	x =	

3. TOTAL:

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 Proskauer Rose LLP
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 Boston, MA 02110
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FEES CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
450	225	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	180
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			
			4. TOTAL: <input type="text"/> 180.00

TOTAL AMOUNT SUBMITTED

(\$) 180.00

SIGNATURE BLOCK

Respectfully submitted,



Deborah M. Vernon

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Date: April 28, 2005

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